Application or Docket Number

PATENT	APPLICATION	FEE DE	TERMINATION	RECORD
	Effective	e Octobe	r 1 2000	

							119915403					
CLAIMS AS			S FILED - PART I (Column 1) (Column 2)			MALL EN	NTITY	OR	OTHER SMALL			
TOTAL CLAIMS		28					RATE	FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		[SASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			28 - minus 20=		· 8			X\$ 9=		OR	X\$18=	144 c
INDEPENDENT CLAIMS			7 _minus 3 = *.		4			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		1	+270=	320,0	
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2	L	TOTAL		OR OR	TOTAL	11711	
CLAIMS AS AMENDED - PART II OTHER THA									<i>// 24,</i> THAN			
(Column 1)			· · · .	(Colu		(Column 3)		SMALL	ENTITY	OR.		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- 2. 7	=		X40=	•	OR	X80=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDEN	CLAIM			+135=		OR	+270=	
				• •			ΑI	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)		(Colu		(Column 3)				_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	CL AIM	=		X40=		OR	X80=	
<u> </u>	rino i Prizoc	NIAHON OF WI	JUNIFUE DE	ENDEN	CLAIM		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֓֓֓֡֓֡֓	+135=	•	OR	+270=	
						ΑŒ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
_		(Column 1) CLAIMS		(Colu		(Column 3)	· 1					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	=	 	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN'	TCLAIM		┚┞	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												